

BernCo Relief of Emergency Needs for Tenants Assistance Program (RENT) Program

CERTIFICATION OF VERBAL LEASE

*(To be completed by **adult household members** who are claiming a Verbal Lease)*

List All Household Occupants

Primary Occupant: _____

Occupant 1. _____

Occupant 2. _____

Occupant 3. _____

Occupant 4. _____

* List any additional household members here:

Address: _____

Unit No: _____ City: _____ State: _____

Rent Amount: \$ _____ Late Fee: \$ _____

Start Date of Lease: _____

Utilities Tenant is responsible for: _____

I hereby certify that I do not have a written lease with my landlord, and I am paying rent on a month to month basis.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date

Signature of Landlord

Printed Name of Landlord

Date